

Internal/External  
**STATE OF MONTANA JOB VACANCY**

**Department of Corrections/MONTANA STATE PRISON**  
600 Conley Lake Road  
Deer Lodge, MT. 59722  
**An Equal Opportunity Employer**

**December 10, 2008**

<b>Job Title:</b>	Dental Assistant	<b>Position No.:</b>	39330
<b>Division:</b>	Montana State Prison	<b>Pay Band:</b>	3
<b>Location:</b>	Deer Lodge	<b>Bargaining Unit:</b>	005, MFSPE
<b>Status:</b>	Permanent, Full-Time	<b>Supplement:</b>	Yes, Authorization to Release
<b>Salary:</b>	\$11.698 New to State Government – \$14.480 /hr DOE	<b>Hours:</b>	To Be Determined

**Application Deadline:** Applications may be returned to any local Job Service Office or Montana State Prison by email, fax or hard copy.

Human Resources  
600 Conley Lake Road  
Deer Lodge, MT 59722

**fax:** (406)846-2950

**email:** whislop@mt.gov

**No later than 5:00 p.m. December 26, 2008**

Application materials are available on the web at [www.mt.gov](http://www.mt.gov).

**Special Information:** Upon employment, successful completion of Basic Pre-Service Training for Prison employees. Must be able to respond in the event of an emergency; able to work under stressful and potentially dangerous conditions. Tuberculosis testing is mandatory. Montana State Prison is a Tobacco Free Institution.

**Typical Duties:** Performs paraprofessional, technical and administrative work in assisting the Dentist, Denturist, or Dental Hygienist in performing comprehensive and preventative oral care to inmates. Performs data collection on inmate patients to assess level of dental hygiene and enable the dentist to diagnose and prescribe treatment of periodontal diseases. Conducts inmate dental screenings and assesses acuity of dental conditions. Triage patients for classification into emergency, urgent or routing treatment categories for treatment by the dentist. Repairs and constructs complete and partial dentures. Maintains dental records of inmate patients. Sterilizes medical/surgical equipment. Performs administrative assistant functions for the Dental Director.

**Qualifications:** Thorough knowledge of dental and medical terminology, office practices, record maintenance, dental records, filing and recording systems and procedures, coding and indexing of patient care information, rules and regulations pertaining to dental/medical records. Thorough knowledge of medical conditions and complications; theories, principles and practices of dentistry/dental laboratory technology; and the use of personal computers. Must have considerable proficiency in prioritization and organization. Must have skills in the use of dental office equipment.

**Education & Experience:** The above qualifications are typically acquired through a combination of education and experience equivalent to high school graduation, dental assisting certificate, CPR certificate, polishing and x-ray certificate, dental laboratory training/certificate, personal computer training and three years experience as a dental assistant. Equivalent combinations of education and experience may be considered on an individual basis.

**Reasonable Accommodations:** Under state and federal law qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. If you need any such accommodation, contact the Personnel Office at (406) 846-1320.

**Equal Employment Opportunity Employer:** This facility does not discriminate on the basis of disability or other legally prohibited basis. Upon request, reasonable accommodations will be provided to enable an applicant with a disability to apply and interview for a position.

**Immigration and Control Act:** In accordance with the Immigration and Control Act, the person selected must

produce within three (3) days of hire, documentation that he/she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D. or a U.S. passport or a green card.

**Montana Compliance with Military Selective Service Act:** You will be required to produce documentation showing you have complied with the Federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service or a letter from Selective Service that shows you were not required to register.

**Application and Selection Process:**

Selection procedures to be used in evaluating applicants' qualifications may include, but are not limited to, an evaluation of the Montana State Application form; a structured interview; a performance test, supplemental questions and an extensive background check. Application materials required are:

1. Signed and completed State of Montana Employment Application (PD-25, Rev. 5/2003 or later). **Portions of the application may be photocopied if legible (see page 1 for instructions).**
2. Applicants claiming the **Veteran's or Handicapped Person's Employment Preferences** (see State of Montana Employment Application, PD-25) must provide verification of eligibility with the application materials. The required documentation includes a DD-214 or the SRS Certification of Disability form.
3. **Authorization to Release Information. This Authorization is required for all positions within the Department of Corrections. \*\* HIRING AUTHORITY DOES NOT RECEIVE THIS FORM DUE TO REQUEST FOR DATE OF BIRTH. \*\***

**Applications will be rejected for late, incomplete, or unsigned application materials. Applicants who make willful misrepresentation during the application process will be excluded from further employment consideration for the position or will be removed from appointment. This job posting is an advertisement for the solicitation of applicants for the position. It is not intended to represent a contract between the employer and the applicant selected.**

**Compensation:** This position is classified at a band 4 on the State of Montana broadband pay plan. The salary is \$11.698 - \$14.48/hr depending upon experience. Eligible state employees are also provided paid health, dental and life insurance. Other benefits include a credit union, a deferred compensation program, Public Employees Retirement System, 15 working days annual leave, 12 working days sick leave per year, paid holidays, and up to 15 days military leave with full pay. Earned benefits may be used for maternity and parental (birth/adoption) leave and for immediate family illness care. Successful applicant will be required to complete a six-month trial/probationary period.

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**DEPARTMENT OF CORRECTIONS  
REFERENCE AND CRIMINAL BACKGROUND CHECK  
AUTHORIZATION FORM**

**Applicant's Name:** \_\_\_\_\_  
(Please print or type)

**Previous names (i.e. maiden name, previous married names)** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**List states where you have resided:** \_\_\_\_\_  
\_\_\_\_\_

**TO WHOM IT MAY CONCERN:** As an applicant for a position with the Department of Corrections, I am required to furnish information for use in determining my past work record. I hereby authorize the Department of Corrections to contact any or all of my present or past employers, co-workers, personal references or any other possible work contacts. I release these employers and/or references from any liability which may relate to the information provided to the Department. I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for employment purposes only.

**Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?** \_\_\_\_\_

**If your answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.**

**Jurisdiction:** \_\_\_\_\_

**Date of Conviction:** \_\_\_\_\_

**This authorization shall be valid and effective for one year from the date signed.**

**Date:** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

